

Ohio Bricklayers' Fringe Benefit Funds

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BENEFIT PLAN ELECTION FORM FOR MEDICARE ELIGIBLE RETIREES

I WOULD LIKE TO CHOOSE THE FOLLOWING PLAN

- ☐ Anthem Medicare Retiree Supplement Plan - Single =\$255.03
- ☐ Anthem Medicare Retiree Supplement Plan - Family =\$510.06
- ☐ Anthem Medicare Retiree + Non-Medicare Spouse **Base Plan** =\$1,031.23
- ☐ Anthem Medicare Retiree + Medicare Spouse and Non-Medicare Dependent **Base Plan**=\$1,286.26
- ☐ Anthem Medicare Retiree + Non-Medicare Spouse **Standard Plan** =\$1,334.11
- ☐ Anthem Medicare Retiree + Medicare Spouse and Non-Medicare Dependent **Standard Plan** =\$1,589.14

Enclosed in this packet is the Summary of Benefits and Coverage detailing the coverage for the Non-Medicare Base and Standard plans.

By signing this form, I acknowledge that I reviewed the enclosed information. I also acknowledge that my election **cannot be changed** until the next open enrollment period, which will be in the Fall 2026 for the year 2027, without a qualifying life event.

Member's Signature: _____ Date: _____

Member's printed name _____

Member ID/Last 4 of SSN# _____